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REPORTS INVENTORY										CONTROL NO.				
PREPARE IN DUPLICATE										DDS/OF-116				
I. TITLE OF REPORT (if a fill-in report include Form No.)										2. TYPE	1 1	CTATIO	T 1041	
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Emergency Plan									ŀ	REPORT			E-NAME LISTING	
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3. FUNCTIONAL AREA			LOGISTICS	X SECURITY				OTHER (specify)						
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7. FORMAT (memorandum, form computer print-out, etc)			7, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							E AUTHOR	ITY RE	QUIRING	REPORT	
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13. COMPLETE DET	AILED JUS	STIFL	CATION FOR TH	IS REPORT	(in	addition	to direc	ctive o	r aut	hority c	ited i	n item	9). IF KNOWN,	
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